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**POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO**

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

58688

OR

☐ Practitioner(s) named below (If more than ten patent practitioners are to be named, then a customer number must be used):

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
|      |                     |      |                     |
|      |                     |      |                     |
|      |                     |      |                     |
|      |                     |      |                     |

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with

any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents.

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

☒ The address associated with Customer Number:

58688

OR

☐ Firm or Individual Name

Address

|         |           |       |
|---------|-----------|-------|
| City    | State     | Zip   |
| Country | Telephone | Email |

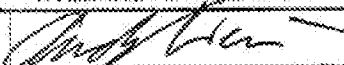
Assignee Name and Address

HOSHIKO, LLC  
1756 114<sup>th</sup> Avenue SE, SUITE 110  
Bellevue, Washington 98004

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

**SIGNATURE of Assignee of Record**

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

|           |   |           |                |
|-----------|---|-----------|----------------|
| Signature |  | Date      | 11/13/2006     |
| Name      | Andy Walton   | Telephone | (425) 487-2330 |
| Title     | Authorized Person   |           |                |